

**State of Alabama  
Department of Child Abuse and Neglect  
Prevention  
(DCAP)  
“The Children’s Trust Fund of Alabama”**



**FATHERHOOD AND HEALTHY  
REALTIONSHIP**

**Grant Application**

**2010 – 2011**  
(August 1, 2010 – July 31, 2011)

**This application is used in conjunction with the rules outlined in the 2010-2011 Fatherhood/Healthy Relationship Request for Proposal.**

**Instructions:**

1. **Grant applications must be received in the DCAP office by 5:00 p.m. CST on Thursday, May 13, 2010. An original and five (5) copies (one CD attached) of the application must be submitted.** All information must be complete when submitted and received at the DCAP office. There are no exceptions to this policy or deadline. Overnight carrier delivery cannot be guaranteed. Applications that are faxed or submitted electronically will not be accepted. If requested, a receipt card will be mailed notifying organizations of grant applications received in the DCAP office.

**Late and/or incomplete applications will not be considered!**

Use this form and complete all questions.

2. Grant Applications must be typed in a font size no smaller than 12.
3. Number all pages.
4. Bind the original and each copy separately with a binder clip.
5. Cover letters are not necessary.
6. Cover Page must be first page of application.
7. Label, tab, and place in order as listed in the application checklist.
8. Organizations cannot submit a single application for multiple program types. An organization may apply for all program types, but it cannot be for the same program. A separate application is required for every program.
9. ***NO ORGANIZATION MAY APPLY FOR MORE THAN A TOTAL OF \$75,000 IN COMPETITIVE TANF FUNDS (FATHERHOOD/HEALTHY RELATIONSHIP) FOR PROGRAM YEAR 2010-2011. AN ORGANIZATION MAY APPLY FOR BOTH A FATHERHOOD AND HEALTHY RELATIONSHIP GRANT. THOSE ORGANIZATIONS RECEIVING HEALTHY MARRIAGE INITIATIVE FUNDS THROUGH AUBURN UNIVERSITY ARE NOT ELIGIBLE TO APPLY FOR A HEALTHY RELATIONSHIP GRANT THROUGH DCAP.***

## **Significant Changes for Program Year 2010-2011**

### **Domestic Violence Center Letter of Collaboration**

All TANF funded Fatherhood and Relationship programs must submit a Letter of Collaboration (LOC) between the funded agency and the local Domestic Violence Shelter/Center with this application. The LOC should address referrals and a willingness to collaborate in an effort to better serve the target population.

### **Monthly Data Submission for Fatherhood Programs (Due via e-mail on the 10<sup>th</sup> of each month)**

Excel spreadsheet depicting the following information (spreadsheet will be provided):

- 1) Total # served in TANF program (year-to-date)
- 2) Child Support Collection (monthly)
- 3) Program Participants currently employed
- 4) Program Participants currently enrolled in, or who have completed, a GED program (year-to-date)
- 5) Program Participants currently enrolled in, or who have completed, short-term skills training or any other educational program.

### **Monitoring/Site Visits**

A **Corrective Action Plan** approved by grantee Board of Directors may be required.

### **Required Background Checks**

***Please be advised of the revised procedure for conducting criminal background investigations and verification.*** All employees and volunteers having direct contact, care/treatment, or custodial responsibility with children eighteen years of age or younger, as per State Statute and the Department of Child Abuse and Neglect Prevention (DCAP) – Children's Trust Fund policy, must have a national criminal background investigation completed **prior** to working directly with a child under the age of eighteen. Minimum requirements include:

- National Criminal Search
- National Sex Offender Report
- OFAC Report
- Alabama Statewide Search
- Social Security Trace Hawk

The estimated fee for the national criminal background check is \$14.00 - \$16.00 per individual. A grant applicant will include funding for each background check in the proposed budget under the line of "Background Check".

### **Significant Changes Continued:**

## **Elected Official Written Notification/Press Release**

Each program is required to notify their respective members of the Legislature in their District of all grant awards, car tag and income tax promotions and special events. Invite your State Senator(s) and Representative(s) to visit your program and be recognized for his/her support of DCAP funding for your prevention program. Mail, fax, or submit electronically a copy of the letter of invitation and **press release** to the assigned DCAP Field Director. If the Legislator(s) accepts, DCAP will make every effort to have a Board and/or Staff member join you to recognize the Legislator(s), and make photographs for the Media. DCAP will also notify members of the Alabama Legislature of grant awards immediately following the Board's approval of Program Year 2010-2011 grants. ***All TANF funded programs must recognize DHR as the primary funding source for the Fatherhood and Marriage Programs.***

## **Notification of Suspected Child Abuse and/or Neglect**

Grantee must notify the DCAP Director of special incidents and reports of suspected child abuse or neglect within 24 hours of event.

## **Application Ceiling**

***NO ORGANIZATION MAY APPLY FOR MORE THAN A TOTAL OF \$75,000 IN COMPETITIVE TANF FUNDS (FATHERHOOD/HEALTHY RELATIONSHIP) FOR PROGRAM YEAR 2010-2011. AN ORGANIZATION MAY APPLY FOR BOTH A FATHERHOOD AND HEALTHY RELATIONSHIP GRANT. THOSE ORGANIZATIONS RECEIVING HEALTHY MARRIAGE INITIATIVE FUNDS THROUGH AUBURN UNIVERSITY ARE NOT ELIGIBLE TO APPLY FOR A HEALTHY RELATIONSHIP GRANT THROUGH DCAP.***

## **IRS 501(c) (3) status, Page 13**

Documentation of 501(c) (3) status must be included in the grant application to receive funding. **Any Grant Application without current status documentation of an IRS Form 501(c) (3) by May 13, 2010 will not be funded.** *(Applicant must provide documentation to DCAP by May 13, 2010 no later than 5 p.m.)*

## **Ineligible Services/Expenses, RFP Page 14**

The only holidays chargeable to the DCAP grant are those approved by the Governor's Office and applicable to all state agencies. A list of official State holidays is available at: <http://info.alabama.gov/calendar.aspx>.

## **Program Objectives and Target Data – University of Alabama, RFP Pages 18 - 20**

Read carefully - The programmatic information and forms have been revised.

## APPLICATION CHECKLIST

If any item is not included and submitted in the following order, your grant application may not be read.

Contents must be labeled, tabbed and in order, as follows:

- \_\_\_\_ Grant Application Cover Page
- \_\_\_\_ Financial Cover Page
- \_\_\_\_ DCAP Funding History
- \_\_\_\_ Program Narrative
- \_\_\_\_ Budget
- \_\_\_\_ Personnel Budget Worksheet
- \_\_\_\_ Budget Narrative
- \_\_\_\_ Consent Form
- \_\_\_\_ Receipt Verification Form (Original and copy, including postage)
- \_\_\_\_ Grant Application (excluding attachments) copied on a CD.  
(Include Organization and Program names on the CD label.)

Appendices labeled, tabbed and in order:

- |                 |  |
|-----------------|--|
| ____ Appendix A | Target Data Form and Application Checklist   |
| ____ Appendix B | Organizational Chart   |
| ____ Appendix C | Resume(s)/Job Description(s)   |
| ____ Appendix D | Current Board of Directors list with contact information and professional affiliation.   |
| ____ Appendix E | Three (3) Current <b>Letters of Collaboration</b>  <br>(Fatherhood: Child Support Judge and DHR)<br>(Marriage: Auburn University ACHMI and DHR)<br>(Domestic Violence Center/Shelter – All Programs) |
| ____ Appendix F | Curriculum   |
| ____ Appendix G | Volunteer Training Outline   |
| ____ Appendix H | 501 (c) 3 Status Documentation/Letter  |
| ____ Appendix I | 2007 or 2008 Independent Auditor's Report and IRS Form 990   |
| ____ Appendix J | Logic Model (RFP Page 29)  |

**Alabama Department of Child Abuse and Neglect Prevention  
(Children's Trust Fund of Alabama)  
Application Cover Page  
Program Year 2010-2011**

DCAP use only

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ FEIN: \_\_\_\_\_

Congressional District: \_\_\_\_\_ Base County: \_\_\_\_\_

State House District: \_\_\_\_\_ State Senate District: \_\_\_\_\_

List all counties served by proposed program: \_\_\_\_\_

\_\_\_\_\_

Executive Director: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Authorizing Official: \_\_\_\_\_

**Authorizing Official's Signature:**

\_\_\_\_\_

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Fatherhood Program Name: \_\_\_\_\_

Amount Requested (not to exceed \$75,000): \$\_\_\_\_\_

Healthy Relationship Program Name: \_\_\_\_\_

Amount Requested (not to exceed \$30,000): \$\_\_\_\_\_

**\*An organization may apply in both categories but it must be for different programs. The total request must not be more than \$75,000. A separate application and cover page is required for each program.**

## FINANCIAL COVER PAGE

Name of organization the grant check(s) should be payable to:

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of financial contact person\*: Name \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

\*Person responsible for financial management of the DCAP grant.

### *Information on organization conducting the program:*

Organization Name: \_\_\_\_\_

Fatherhood Program Name: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Organization Physical Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name and Title of Program Contact Person: \_\_\_\_\_

Email Address(es): 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**ALL DCAP FUNDED PROGRAMS MUST HAVE INTERNET ACCESS AND A WORKING E-MAIL ADDRESS. E-mail addresses listed above will receive DCAP e-mails. Provide all necessary e-mail addresses.**

Federal Employer Identification Number (FEIN): \_\_\_\_\_

(If State Agency, list Agency Codes)

## ORGANIZATION'S DCAP FUNDING HISTORY

Organization's Total Years Funded: \_\_\_\_\_

Years Funded*	Amount	Program(s) Funded	Contract Number
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

\*Add more rows if needed.

### **Request For Funding Increase**

*(Current Grantees Only)* The Department does not anticipate any substantial increase in Federal or State Funds for Program Year 2010-2011. However, grantees requesting a funding increase must clearly justify why the additional funds are needed.



## PROGRAM NARRATIVE

The program narrative should provide a detailed description of all aspects of the proposed program. Sections **A-I** may not exceed a total of five (5) single-spaced pages in a font size no smaller than 12 point. This narrative section should be written in a manner that is self-explanatory to outside reviewers unfamiliar with the activities of the applicant. The program narrative must be organized and labeled as follows:

- A. Purpose of Program/Location:** Describe what the program intends to achieve, and how this program plans to prevent child abuse and neglect. Provide an operational plan that includes specific activities for attaining selected program objectives. (For program objectives relevant to program types, choose from pages 21-24 of the RFP.) Name the program location and describe the participants' accessibility to the site. List days of the week and time the program is conducted. (*Example: Mondays and Wednesdays, 3 p.m. – 5 p.m., Anytown Community Center, 123 Main Street, Anytown, Alabama*)

Appendix A: Application Checklist and Target Data Form (RFP Page 20)

- B. Problem and Needs Assessment:** Identify the problem(s) to be addressed by the proposed program. Demonstrate an understanding of the problem(s) that may include reviews of literature, best practices, state and local data, etc. Examples: Local Needs Assessment, Kids Count Data Book, etc.
- C. Program Management and Organization:** Briefly describe the structure and history of the organization, specifically noting its date of inception. Include number of employees, titles, names, qualifications and experience of key management and professional staff that will be responsible for implementing the DCAP program. Include interagency relationships in reference to program implementation (i.e. subcontracts).

Appendix B: Attach an organizational chart showing the administration and operational structure within which the program will function.

Appendix C: Attach resume(s) or job description(s) of staff responsible for DCAP program.

Appendix D: Attach current Board of Directors list. The list must include name, title, address and length of term. (Non-profit organizations only.)

- D. Population to be Served:** The target population must be described in terms of the demographics (race, ethnicity, age and gender) and numbers to be served. Include plans for identifying, recruiting, involving, retaining and tracking target population. Describe how parental consent will be obtained from participating minors.

Appendix A: Attach Target Data Form (RFP Page 20)

- E. Collaboration with Other Agencies and Individuals:** Describe the program's methods of collaboration and coordination with other community-based public and private agencies to provide comprehensive services. Demonstrate that the program is not duplicative and coordinates with existing programs in your community.

Appendix E: Three current letters of collaboration (DHR, Child Support Court Judge and Domestic Violence Shelter).

- F. List Curricula:** List the curriculum to be utilized in the program. Explain how the curriculum is appropriate for the program criteria and target population.

Appendix F: Attach synopsis of curriculum provided by the publisher (limit to one page). For individualized curriculum, attach an outline of the curriculum for a composite client. The Curriculum Guide is now available at [www.ctf.alabama.gov](http://www.ctf.alabama.gov).

- G. Use of Volunteers:** List specific duties, recruiting, screening, training and number of volunteers working on DCAP program. If applicable, explain why volunteers are not utilized in the DCAP funded program. Include a statement regarding how the applicant will comply with DCAP's background check policy on volunteers listed below:

***Please be advised of the revised procedure for conducting criminal background investigations and verification.*** All employees and volunteers having direct contact, care/treatment, or custodial responsibility with children eighteen years of age or younger, as per State Statute and the Department of Child Abuse and Neglect Prevention (DCAP) – Children's Trust Fund policy, must have a national criminal background investigation completed **prior** to working directly with a child under the age of eighteen. Minimum requirements include:

- National Criminal Search
- National Sex Offender Report
- OFAC Report
- Alabama Statewide Search
- Social Security Trace Hawk

The estimated fee for the national criminal background check is \$14.00 - \$16.00 per individual. A grant applicant will include funding for each background check in the proposed budget under the line of "Background Check".

Appendix G: Volunteer Training Outline

- H. Stipulations:** If applicable, state below any other information that explains how your organization has been meeting any contract stipulations or recommendations made by the DCAP Board. (Current grantees only: List all DCAP Board stipulations for Program Year 2009-2010.)

- I. Promotion of DCAP funded Prevention Programs:**

To Be Completed by all Applicants: (No points)

The applicant organization shall provide a brief statement of how it will recognize and promote the Children's Trust Fund in their community as it relates to their prevention program. Include a plan to market the DCAP license plate to the community. Current grantees attach a sample of printed material used to promote the program.

## BUDGET – (round to nearest whole number)

(Complete separate budget pages for each program)

<b>Personnel Expenses</b>				
Salaries-Employee Name(s) and Title	DCAP Request	Cash Match	In-Kind Match	List Specific Source of Cash Match:
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Employee Benefits-Employee Name(s) and Title	DCAP Request	Cash Match	In-Kind Match	List Specific Source of Cash Match:
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>Total Personnel Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

### Operating Expenses

Expense:	DCAP Request	Cash Match	In-Kind Match	List Specific Source of Cash Match:
Accounting	\$	\$	\$	
Audit/CPA Services	\$	\$	\$	
Background Check(s)**	\$	\$	\$	
Cell phone/Pager	\$	\$	\$	
Consultants	\$	\$	\$	
Curriculum	\$	\$	\$	
Equipment	\$	\$	\$	
Office Supplies	\$	\$	\$	
Postage	\$	\$	\$	
Printing	\$	\$	\$	
Professional Services/Independent Contractor	\$	\$	\$	
Program Materials	\$	\$	\$	
Space Rental	\$	\$	\$	
Staff Development	\$	\$	\$	
Telephone	\$	\$	\$	
Transport/Travel	\$	\$	\$	
Utilities	\$	\$	\$	
Volunteer In-Kind			\$	
Other* _____	\$	\$	\$	
Other* _____	\$	\$	\$	
<b>Total Operating Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	
<b>TOTAL BUDGET</b> (Personnel + Operating Expenses)	<b>\$</b>	<b>\$</b>	<b>\$</b>	

\* Specify Expense

\*\* Required for all applicants

**Personnel Budget Worksheet\* (Complete each line for each Employee)**

**Employee Name:**

**Title:**

**Education: (School(s), Year Graduated, Degree, Major):**

**Full-time or Part -time (indicate # of hours per week):**

**Annual Salary:**

**Annual Benefits:**

**Total Annual Salary and Benefits:**

**# of Hours per week on DCAP Grant:**

**Total Salary and Benefits to DCAP Grant:**

**Brief Job Description/Responsibilities:**

**Employee Name:**

**Title:**

**Education: (School(s), Year Graduated, Degree, Major):**

**Full-time or Part -time (indicate # of hours per week):**

**Annual Salary:**

**Annual Benefits:**

**Total Annual Salary and Benefits:**

**# of Hours per week on DCAP Grant:**

**Total Salary and Benefits to DCAP Grant:**

**Brief Job Description/Responsibilities:**

**Employee Name:**

**Title:**

**Education: (School(s), Year Graduated, Degree, Major):**

**Full-time or Part -time (indicate # of hours per week):**

**Annual Salary:**

**Annual Benefits:**

**Total Annual Salary and Benefits:**

**# of Hours per week on DCAP Grant:**

**Total Salary and Benefits to DCAP Grant:**

**Brief Job Description/Responsibilities:**

## BUDGET NARRATIVE

Please include the following in this section:

1. Appendix H: Attach current copy of IRS Form 501 (c) (3) status/letter.
2. Appendix I: Attach copy of 2008 or 2009 Independent Auditor's Report (letter of opinion or disclaimer of opinion) on the financial statements and a copy of 2008 or 2009 IRS Form 990
3. Give a brief explanation of each line item that will be charged to the DCAP grant (excluding match).

Example: Staff Development: \$400.00  
\$400.00 – train home visitors in \_\_\_\_\_ curriculum.

4. Provide a current year list of all funding sources to include, but not limited to Federal, State and local grants.

Example: \$20,000.00 – Safe and Drug Free Schools Grant, ADECA  
(September 1, 2009 – August 31, 2010)

**Program/University of Alabama Objectives Information**

*To be completed only by current (Program Year 2009-2010) grantees.*

1. Were Program/University of Alabama Objectives achieved in Program Year 2009-2010? Did you observe improvements in participants' knowledge, behavior and/or attitudes related to the selected PY 2009-2010 Program Objectives? Explain and include examples.
2. Did the program encounter barriers to effective program implementation? How will each be addressed, corrected and changed for future implementation?
3. Did the program encounter any barriers using the evaluation tools provided by The University of Alabama? If so, what type of assistance would be helpful for future program evaluation efforts?

**Limit Response to one (1) page.**

### DCAP Grantee Consent Form

If funded, I agree to the following:

**(Initial each item)**

- \_\_\_\_\_ I will return the completed Grant Award Contract and Standard Grant Conditions and Assurances Contract (signed and dated) to DCAP no later than 5:00 p.m. on September 2, 2010. (No faxed copies accepted)
- \_\_\_\_\_ To send the **personnel responsible for the programmatic and financial management of the DCAP grant** to Mandatory Grantee Training in September, 2010.
- \_\_\_\_\_ To comply with the 2010-2011 Request for Proposal and other applicable DCAP/DHR rules, regulations and statutes.
- \_\_\_\_\_ I understand that failure to submit all required reports in by the dates specified in the Grant Award Contract and Standard Grant Conditions and Assurances Contract will result in delayed payment/checks or contract termination.
- \_\_\_\_\_ Report special incidents within 24 hours of event to include: Unplanned law enforcement involvement, medical emergencies, allegations of abuse, etc.  
**(Submit a written report to the DCAP Director)**
- \_\_\_\_\_ To conduct background checks in accordance with DCAP Policy.

By initialing and signing this form the applicant is agreeing to comply with all RFP/Grant Application requirements and other applicable DCAP rules and regulations.

Signed:

\_\_\_\_\_  
Authorized Official Typed Name

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Authorized Official's Signature

---

Date

---

Title

---

Organization



**Please complete below if requesting receipt verification.**  
**Attach to Grant Application.**  
**Submit original and one copy.**  
**Postage required on one if not hand delivered.**

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State of Alabama  
Department of Child Abuse and Neglect Prevention  
Children's Trust Fund  
P. O. Box 4251  
Montgomery, AL 36103

Applicant  
Place  
Postage  
Here

**TO:**

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State and Zip Code

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**Definitions of DCAP Budget line items are listed below:**

(Please email a DCAP Field Director or Auditor if you have any questions.)

1. **Personnel/Salaries**: Expenses for all employees of the organization receiving compensation from the DCAP funded program. Employees are defined as personnel of the organization who have taxes deducted from their paycheck and/or receive any employee benefits from the organization.
2. **Personnel/Benefits**: Monies related to the **employer's** expenses for the DCAP funded program. Allowable expenses include: FICA (Social Security and Medicare taxes), retirement, State unemployment Insurance, workman's compensation, annual leave/vacation for full-time employees, and health/dental insurance. Examples of ineligible expenses include, but are not limited to: Disability Insurance, Accidental Death and Dismemberment Insurance, Life Insurance, other "unallowable costs" specified by DCAP funders, and costs prohibited by law or policies of the State of Alabama Finance Department.
3. **Accounting**: Expenses related to financial reporting and management of the DCAP Grant Award Contract.
4. **Audit/CPA Services**: Examination or verification of financial records, accounts, and expenditures by a Certified Public Accountant.
5. **Background Checks**: Expenses related to payments to law enforcement/public agencies or private entities for criminal background checks on employees, volunteers, or other individuals required to have a background check in accordance with DCAP policy.
6. **Cellular Phones**: Expenses related to the use of cellular phones. Cellular phones can be charged to the DCAP grant at a maximum of \$40 per month. Only cell phones used by field staff working on the DCAP funded program are allowed.
7. **Consultants**: Expenses related to the hiring of contracted professionals who provide services to the organization for the DCAP funded program. Charges to the DCAP grant for consultants must have prior written approval from an DCAP Deputy Director unless included in the original grant application and approved by the DCAP Board of Directors. A contract for the consultant and his/her services is required.
8. **Curriculum**: Evidence/Research-based curriculum utilized to educate and provide knowledge to program participants. Curriculum must demonstrate impact and effectiveness for the population served.
9. **Equipment**: Expenses related to the purchase and/or lease of non-consumable items (i.e. copiers, fax machines, postage machines, cameras, video cameras, VCRs, overhead projectors, furniture, etc.) Equipment purchases may not exceed \$499.00 per item. If the organization is unsure of the eligibility of equipment expenses, please contact your assigned DCAP Field Director for approval.
10. **Office Supplies**: Examples are copy paper, toner, and other miscellaneous office supplies. All office supply expenditures must include copies of receipts that itemize and define the items purchased.
11. **Postage**: Expenses that include mailing or shipping items related to the DCAP program.

12. **Printing:** Expenses related to advertising/marketing programs, brochures, handouts, stationary, or other materials that support DCAP funded programs.
13. **Professional Services/Independent Contractors:** Expenses related to payments made to individuals who provide a specific service to the DCAP funded program and who do not receive employee benefits (i.e. a professional counselor contracted to provide therapy, a nurse teaching a prenatal class, janitorial services, speaker honorariums, attorney fees, etc.).
14. **Program Materials:** Items that are used to support the DCAP funded program. Program materials may include but are not limited to curriculum, educational materials, and handouts.
15. **Space Rental:** Expenses related to administrative office space or meeting space where the DCAP funded program is conducted.
16. **Staff Development:** Expenses related to staff training (i.e. registration and in-service fees). Do not include travel expenses related to training in the staff development category. **DCAP does not require any staff development training other than the annual Grantee Training conducted by DCAP, and domestic violence screening.**
17. **Telephone:** Calls made for the DCAP funded program. Expenses related to telephone costs are based on actual calls made in support of the DCAP funded program or a reasonable allocation percentage.
18. **Transportation/Travel:** Expenses related to travel and overnight stay necessary to support the DCAP funded program. Mileage rate not to exceed current state rate. DCAP will not reimburse gasoline expenses.
19. **Utilities:** Expenses related to electricity, water, gas, internet and cable services that support the DCAP funded program. Expenses related to utilities costs are based on actual costs in support of the DCAP funded program or a reasonable allocation percentage.
20. **Volunteer In-Kind:** Expenses related to any non-professional who volunteers for the DCAP funded program. Each non-professional volunteer hour may be charged at **\$20.25** an hour. The exceptions to this are Licensed/recognized professionals volunteering in their professional capacity may charge at the market rate. For example: A nurse teaching a parenting class or an accountant preparing the organization's books.
21. **Other:** Fully explain any item not listed as a line item in the Budget Narrative.

This program is funded through a partnership between DHR and the Children's Trust Fund of Alabama.

